



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
P. O. Box 517
Frankfort, Kentucky 40602-0517
www.doi.state.ky.us
502-564-6004**

For Department Use Only

Amt. Recv'd _____
Date Recv'd _____
Tracking No. _____
Cashier: _____
Amt. Recv'd _____
Date Recv'd _____
Tracking No. _____
Cashier: _____

Do you currently hold a license. Yes ___ No ___

INDIVIDUAL INSURANCE PRODUCER LICENSE APPLICATION

(This Form is not for Business Entities Please Use Form 8301-BE)

① Soc. Security Number		If applicable, NASD Individual Central Registration Depository (CRD) Number:		Bank or Other Financial Institution Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
② Last Name Include JR./SR. etc		③ First Name		④ Middle Name	
				⑤ Date of Birth (month) ____ (day) ____ (year) ____	
⑥ Residence/Home Address (Physical Location)		⑦ P.O. Box		⑧ City	
				⑨ State	
				⑩ Zip	
⑪ Home Phone Number () -		⑫ Gender (Circle One) Male Female		⑬ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen? _____) (If No, you must supply work authorization)	
⑭ Business Entity Name (If applicable)					
⑮ Business Entity Address (Physical Location)		⑯ P.O. Box		⑰ City	
				⑱ State	
				⑲ Zip	
⑳ Business Phone Number () -		㉑ Business Fax Number () -		㉒ Business E-Mail Address	
				㉓ Business Web Site Address	
㉔ Applicant's Mailing Address		㉕ P.O. Box		㉖ City	
				㉗ State	
				㉘ Zip	
㉙ Assumed Business Name/Trade Name (If Applicable)					

Business Entity Affiliations

③① List your Insurance Business Entity or other Affiliations: (Complete only if the applicant is to be designated to act under the license of the business entity)

DOI # _____	Name of Business Entity or Affiliate _____
DOI # _____	Name of Business Entity or Affiliate _____
DOI # _____	Name of Business Entity or Affiliate _____
DOI # _____	Name of Business Entity or Affiliate _____

Employment History

③② Account for all time for the past five years. Give all employment experience starting with your present employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

Background Information

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The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and type, date, and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance Business Entity contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

NOTE: Failure to answer all questions will result in the rejection of this application and/or delay processing.

33 **TYPE OF LICENSE:** (Please Allow 15 Working Days for Processing-- Check www.doi.state.ky.us to Verify Approval)

✓	Effective 7/15/2002 - A license fee is required for an Agent License.	Amount Due	✓		Amount Due
	Existing Resident Agent Fee is \$50.00 per Exam* (if required) (Exam not required if CIC, CLU, CPCU, Reinstatement within one year of inactive date, or Reciprocal) Plus Fee of \$40.00 for each <u>new</u> Line of Authority			Rental Vehicle Managing Employee \$ 40.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	New Resident Agent License Fee \$ 40.00 Fee is \$50.00 per Exam* (if required) (Exam not required if CIC, CLU, CPCU, Reinstatement within one year of inactive date, or Reciprocal) Plus Fee of \$40.00 for each Line of Authority			Specialty Credit Managing Employee \$ 40.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Existing Non-Resident Agent Fee is \$50.00 for each <u>new</u> Line of Authority			Managing General Agent \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	New Non-Resident Agent License Fee \$ 50.00 Plus Fee of \$50.00 per Line of Authority			Adjuster (No Exam) <input type="checkbox"/> Public <input type="checkbox"/> Independent <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident \$ 50.00	
	New Non-Resident Agent License (Exam Required) \$ 50.00 Not licensed in Home State Requires an Exam Fee of \$50.00 per Exam* Plus Fee of \$50.00 per Line of Authority			Adjuster (Exam Required) <input type="checkbox"/> Public <input type="checkbox"/> Independent <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident \$ 100.00	
	Surplus Lines Broker <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident \$ 100.00			Apprentice Adjuster (Good for 1 year) \$ 25.00	
	Consultant <input type="checkbox"/> Life & Health <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident \$ 150.00			Administrator (TPA) \$ 50.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Temporary Agent \$ 20.00			Reinsurance Intermediary Broker \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
				Reinsurance Intermediary Manager \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
EXAMINATION FEE IS \$50 PER EXAM. ALL FEES MUST BE PAYABLE TO THE KENTUCKY STATE TREASURER *NOTE: If requesting a Property & Casualty line of authority at the same time, the exam fee will be \$50.00 for the combined exam.					

LINE(S) OF AUTHORITY REQUESTED:

Life	Property	Limited Line Travel
Health	Casualty	Limited Line Crop Hail
Variable Life & Variable Annuity (Note: If applying for this line of authority and Life simultaneously, this line of authority will only be issued after the licensee obtains an active life line of authority. Also, must show proof of current registration with NASD.)	Personal Lines (Note: This is a major lines license for property and casualty insurance coverage sold to individuals and families for primarily non-commercial purposes.)	Limited Line Credit (Note: Can sell credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability and automobile dealer GAP)
		Limited Line Surety (Note: Can sell with Casualty line of authority)

TEMPORARY LICENSE REQUEST: Available only to (1) the surviving spouse or court-appointed personal representative of licensed agent who dies or becomes disabled, (2) the member or employee of a licensed business entity upon the death or disability of "sole" individual in that Business Entity who has been designated to act on behalf of the business entity, or (3) the designee of a licensed agent entering active military service.
Note: MUST attach copy of all pertinent legal documentation.

NAME OF AGENT TO BE REPLACED:

Social Security Number:

Certificate of Sponsoring Adjuster for Apprentice

34 **THIS SECTION MUST BE COMPLETED BY THE SPONSORING ADJUSTER:**

The adjuster certifies that the following information is true, has been verified, and maintained in the adjuster's files:

- 1) The applicant is a High School Graduate or has received the equivalency degree.
- 2) An investigation of applicant's qualification for license has been made and applicant should be licensed.
- 3) Applicant is trustworthy and of good reputation.
- 4) An Applicant for apprentice Adjuster license will at all times be a full-time employee of an Insurer or Adjuster and be subject to the training, direction, and control of a licensed adjuster acting in the same capacity as that sought by applicant.

Sponsoring Adjuster Name (Print or Type)

Social Security Number (for sponsoring adjuster)

Signature

Date

Mailing Address

Phone Number

E-mail Address

City, State, Zip

Applicant must read and complete Certification and Attestation.

Please see attachments which need to accompany this application

Applicants Certification and Attestation

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The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. If applying as a non-resident, I certify that I am licensed in good standing in my home state for the authorities requested.
3. I certify that I am a high school graduate or have received the equivalency degree.
4. Where required by law, I hereby designate the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
5. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.
6. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
7. I authorize the jurisdictions to give any information relative to background information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
8. I acknowledge that I am familiar with and understand the insurance laws and regulations of this State. Further, I agree to comply with the insurance laws and regulations of this State.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

For Office Use Only:

CHECKLIST of Required Attachments

- 37 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

ALL APPLICANTS:

- Application must be answered completely and correctly to prevent delays in processing.
- Fees payable to the Kentucky State Treasurer must accompany the request for any license.
- All agents requesting to be licensed by examination must provide proof of completing an approved pre-licensing training program consisting of 40-hours (or zero hours for limited lines or an approved pre-licensing course for rental vehicle managing employee) of classroom training (form CPL-01) in the same line of authority for which the application is marked.
- In order for the agent to be appointed with an insurer and eligible to do business in the state of Kentucky, an 8302-AP Appointment form must be submitted with appropriate fees payable to the Kentucky State Treasurer.

ALL RESIDENT AGENT APPLICANTS MUST COMPLETE FORM 8301-BGC, AND SEND TO THE ADMINISTRATIVE OFFICE OF THE COURTS FOR CRIMINAL BACKGROUND INFORMATION. THAT INFORMATION MUST BE ATTACHED TO YOUR APPLICATION BEFORE IT CAN BE PROCESSED.

RESIDENT APPLICANTS:

- All agents requesting to be licensed by examination must attach proof of completing an approved pre-license training program on form CPL-01, as defined by law.
- All resident agents MUST provide proof of financial responsibility. Proof must be submitted on the form prescribed by the Commissioner of Insurance (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or the 99-3 for Surety Bond. E & O policies must be issued by an insurer authorized in Kentucky. Surety bonds must be issued by an insurer authorized in Kentucky, must be original, and must have an original Power of Attorney attached). Financial responsibility minimum limits for resident agents using Errors & Omissions policies are \$20,000 per occurrence and \$100,000 in the aggregate and agents using any other form of financial responsibility are \$20,000; agent representatives defined in KRS 304.9-270 must file the limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

NON-RESIDENT PRODUCER APPLICANTS:

(Agent, MGA, Surplus Lines, Consultant, Reinsurance Intermediary, Rental Vehicle Agent or Managing Employee, Specialty Credit Insurance producer or Managing Employee)

- All Non-Resident licenses will be verified via electronic verification process through PDB (Producer Database) by this Department.

SURPLUS LINES BROKER APPLICANTS:

- All resident surplus lines brokers MUST provide proof of financial responsibility. Proof must be submitted in the form prescribed by the Commissioner (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or 99-3 for Surety Bond, and 99-9 for Penal Bond. E & O policies must be issued by an insurer authorized in Kentucky. Surety bonds must be issued by an insurer authorized in Kentucky, must be original, and must have an original Power of Attorney attached). Financial responsibility minimum limits for surplus lines brokers are \$1,000,000 per occurrence and \$2,000,000 in the aggregate and the penal sum of \$50,000.

ADJUSTER APPLICANTS:

- All adjusters MUST provide proof of a Surety Bond (issued by an insurer admitted in Kentucky). Proof must be submitted on the form prescribed by the Commissioner of Insurance (form 99-3). Surety bonds must be original and must have an original Power of Attorney attached. Financial responsibility limits for adjusters must be a minimum of \$1,000.
- Applicants requesting an Independent Adjuster license must include the sponsoring affiliation information.
- Applicants requesting an Apprentice Adjuster license must include the sponsoring adjuster information.

RENTAL VEHICLE: Package must include completed Form 8301-RV and 8301 BE.

SPECIALTY CREDIT: Package must include completed Form 8301-SC and 8301 BE.

RE-INSURANCE INTERMEDIARIES: Must hold a property & casualty line of authority, and include list of insurers to be represented.

MANAGING GENERAL AGENTS: Must hold property and/or casualty line of authority, and include list of insurers to be represented, as well as a copy of each contract.

Individual Licenses are **RENEWED** on a biennial basis.

- Renewals for individuals licensed as agents, producers, administrators, viatical settlement brokers and providers, adjusters, risk retention, and/or reinsurance intermediaries are handled as follows:
- An individual whose **birth date** is on an **even-numbered year** shall renew the license by the last day of the individual's birth month on the **even years**.
- An individual whose **birth date** is on an **odd-numbered year** shall renew the license by the last day of the individual's birth month on the **odd years**.
- Licensee with one or more active appointments No Fee
- Licensee with no active appointments Resident - \$40.00, Non-Resident - \$50.00

TO CONFIRM APPROVAL OF APPLICATION, PLEASE VISIT OUR WEBSITE: WWW.DOI.STATE.KY.US